## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence including ed below or directed of	for transmitting the ISS and the Patent, advance of the patent, advance of the patents in Block 1, by	UE FEE and PUBLICAT orders and notification of r (a) specifying a new corres	ON FEE (if require naintenance fees will spondence address;	ed). Blocks ll be mailed and/or (b) in	1 through 5 sho I to the current condicating a separa	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22504	7590 05/17	//2007	*****		_			
DAVIS WRIGHT TREMAINE, LLP				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being denosited with the United				
2600 CENTURY 1501 FOURTH	Y SQUARE	Stat addi tran	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SEATTLE, WA	98101-1688		Gabrielle Collier			(Depositor's name)		
		9			lin	(Signature)		
			June 26, 200	)7		(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/679,138 10/03/2003		Tanya L. Niemeyer	•			3651		
TITLE OF INVENTICINFORMATION	)N: SYSTEM AND M	IETHOD FOR HIERA	RCHICAL ANALYSIS (	OF CONTRAST EI	NHANCED	MEDICAL IM	IAGING	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOT	AL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0		\$1000	08/17/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
EVERHART, CARIDAD 2891		438-396000	•					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys Michael J. Donohue					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,					TTD
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Davis Wright Tremaine LL.					LLP
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)				
			data will appear on the part of the part o	•	is identifie	ed below, the doc	cument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Confirma, Inc.			Kirkland, WA					
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual XX Corp	poration or o	other private grou	p entity Government	
4a. The following fee(s)	b. Payment of Fee(s): (Plea	se first reapply any	previously	paid issue fee sh	nown above)			
Susse Fee			☐ A check is enclosed.					
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0258 (enclose an extra copy of this form).					
Advance Order -	# of Copies		overpayment, to Depo	sit Account Number	04-025	ed fee(s), any defice an electric end	extra copy of this form).	
	tus (from status indicated s SMALL ENTITY state	,	☐ b. Applicant is no long	vor alaiming SMALI	ENTITY o	tatus Coo 27 CED	2 1 27(~)(2)	
			ed from anyone other than the Office.					
Authorized Signature	Michael )	tes Patent and Trademark	COTICE.		une 26			
Typed or printed name Michael Donohue			<u>-</u>	Registration No.	35,8	59		
This collection of inform an application. Confident	ation is required by 37 C tiality is governed by 35	FR 1.311. The informati U.S.C. 122 and 37 CFR	on is required to obtain or r	etain a benefit by the mated to take 12 mi	public which	ch is to file (and b	by the USPTO to process) gathering, preparing, and	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.